

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>06-02-06</u>		2 Serial/Patent # <u>10/552846</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input checked="" type="checkbox"/>	Filing		10-12-05	\$						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other			\$						
<div>6-2-06 completed</div>		7 TOTAL AMOUNT OF REFUND		\$ 100.00						
		8 TO BE REFUNDED BY:								
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check							
<input checked="" type="checkbox"/>	Overpayment		Credit Deposit A/C #:							
	Duplicate Payment		9 <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td></tr></table>				--			
		--								
	152077 No Fee Due (Explanation):									
Thomas R. Williamson III. Myers & Kaplan Intellectual Property Law LLC. 1899 Powers Ferry Road, Suite 310 Atlanta GA 30339.										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>S. Ahmed.</u>		TITLE: <u>Paralegal.</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>(703) 308-5140 # 208.</u>								
OFFICE: <u>DO/EO.</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u>[Signature]</u> DATE: <u>6-2-06</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

Enclosure Text Entry

Refund Data

Mailroom Date:

101205

Name/Number:

10552846

Atty Dock #/Trademark:

21770-RA2

Refund Amount:

\$100.00

Create Date:

060506

Operator Data

Last Name:

AHMED

First Name:

SHAKEEL

Phone Number:

703-308-9140 EXT 208

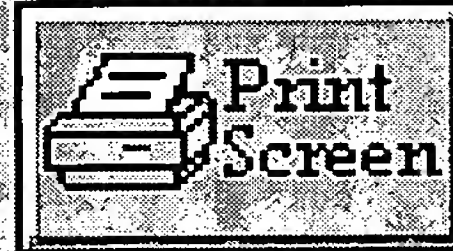
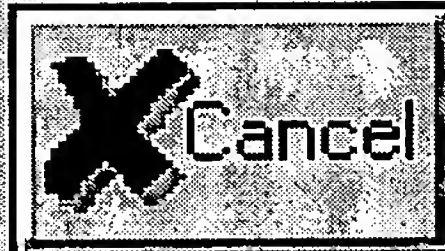
Reason:

Additional Comments:

OVERPAYMENT

6-2-06

☒ completed



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